## REGISTRATION FORM 2002 HEARTLAND CONFERENCE

Registration constitutes a final commitment for the conference. There will be <u>no reimbursement of registration fees</u> <u>due to cancellation or no shows</u>. If you are unable to attend, an alternate representative from your agency will be welcome. <u>NO registrations will be accepted by phone.</u> Deadline for registration and payment is COB April 22, 2002.

The Early Bird Registration Fee of \$150.00 will be honored if RECEIVED by April 15, 2002. Registration after this date will be \$175.00. Registration fee includes conference attendance, training materials, and continental breakfasts, networking reception, breaks and luncheon. Faxed reservations are accepted IF they contain COMPLETE billing information. Final payment must be in the Federal Executive Board Office prior to the conference date.

Please fax the completed registration form along with purchase order number(s), or one blanket form for several names. If paying by check, fax a copy of the check to the number listed below and the date you will mail it, along with a completed Registration Form(s), then mail the check to the Federal Executive Board at the address provided below.

• Arrangements for individuals with special needs, i.e., interpreter, special meal, **MUST** be made in writing and sent to the Federal Executive Board Office along with the registration form. We suggest participants wear layered clothing to ensure comfort since meeting room climates often vary.

## PREFERRED METHOD OF PAVMENT

|   | TREI                   | ERRED METHOD OF            |                                  |                   |
|---|------------------------|----------------------------|----------------------------------|-------------------|
| ☐ Check/Money Order service fee to be paid by |                        |                            | All returned checks would be sub | ject to a \$25.00 |
| ☐ Purchase Order(s)/T                         | raining Form(s): C     | completed forms MUST b     | e signed and accompany Registra  | tion Form.        |
| ☐ Credit Card:                                | □ Visa                 | ☐ MasterCard               |                                  |                   |
| Cred  | lit Card Number:       |                            |                                  |                   |
| Exp   | iration Date:          |                            |                                  |                   |
| Nan   | ne as it appears on Ca | ard:                       |                                  |                   |
| (Credit Cards will b                          | oe processed approx    | imately one (1) week pr    | ior to the conference date.)     |                   |
| Name:   |                        | Title:                     |                                  |                   |
| Agency:                                       |                        |                            |                                  |                   |
| Mailing Address:                              |                        |                            |                                  |                   |
| Phone #:                                      | e #: Email Address:    |                            |                                  |                   |
| Please indicate on                            | e: Local               | State                      | Federal/National                 |                   |
| Please indicate on                            | e: Public Sect         | or Private Secto           | r                                |                   |
| Please indicate on                            | e· Front Line S        | staff (direct customer con | tact) Other Staff                |                   |

SEND CHECK OR P.O.'S AND COMPLETED REGISTRATION FORM(S) TO: